## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 (703) 746-4000

or Fax

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 4 should be completed appropriate. All further correspondence including the Patent advance orders and polification of maintenance feet will be milled to the correspondence including the Patent advance orders and polification of maintenance feet will be milled to the correspondence.

| CEDERLEST CORRESTONDENCE ADDRESS Olose Legisly mark-up with any corrections or one Block 1)  Note: A certificate of mailing feet(s) Transmittal. This cert papers. Each additional purple we its own certificate of mailing feet(s) Transmittal. This cert papers. Each additional purple we its own certificate of mailing feet(s) Transmittal. This cert papers. Each additional purple we its own certificate of mailing feet feet(s) Transmittal. This certificate of mailing feet(s) Tran | nailing of transmission.                                                                                                                                                                                                                                                                                                                 | or domestic mailings of the for any other accompanying and or formal drawing mu |
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| G Claire wyga:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                          | (Dupodint) totae)                                                               |
| Claire Wya                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | and                                                                                                                                                                                                                                                                                                                                      | (Sigmeterk)                                                                     |
| 6-16-04°                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                          | ( Daia)                                                                         |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | HOE-94/T-249                                                                                                                                                                                                                                                                                                                             | 1941                                                                            |
| TITLE OF INVENTION: PROCESS FOR THE PREPARATION OF HEAT-STABLE, ANTIMONY-FREE POLYESTERS WHICH CAN BE PREPARED BY THIS PROCESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | s of Neutiral Colo                                                                                                                                                                                                                                                                                                                       | R AND THE PRODUCTS                                                              |
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| nonprovisional NO \$1330 \$0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | \$1330                                                                                                                                                                                                                                                                                                                                   | 09/07/2004                                                                      |
| EXAMINER ART UNIT CLASS-SURCLASS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                          |                                                                                 |
| ACQUAH, SAMUEL A 1711 528-279000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                          |                                                                                 |
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  2. For printing on the patent front page, list (1) names of up to 3 registered parent attorney agents OR, alternatively. (2) the name of a si                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | s or 1 Gregor                                                                                                                                                                                                                                                                                                                            | y N. Clements                                                                   |
| Address form PTO/SB/122) attached.    Tee Address* indication (or "Fee Address* Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | y or 2                                                                                                                                                                                                                                                                                                                                   |                                                                                 |
| 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print of type)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <del></del>                                                                                                                                                                                                                                                                                                                              |                                                                                 |
| PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the natent. Inclusion of assignee been proviously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a subseq. (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | date is only appropriate stitute for filing an assign                                                                                                                                                                                                                                                                                    | when an assignment has<br>unear.                                                |
| Arteva North America S.A.R.L. Zurich, Switzerland                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                          |                                                                                 |
| Please check the appropriate assignee category or categories (will not be printed on the patent); "I individual Acorporation of the patents o | ion or other private grou                                                                                                                                                                                                                                                                                                                | p entity 🖸 government                                                           |
| 46. Payment of Fee(s):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                          |                                                                                 |
| Publication Fire                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                          |                                                                                 |
| Advance Order - # of Copies 3 The Director is hereby authorized by charge the Deposit Account Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | thed. 031165<br>e required fec(s), or cre                                                                                                                                                                                                                                                                                                | edit any overnuyment to                                                         |
| Director for Patents is requested to apply the Issue Fee and Publication Fee (if may) or to re-apply any previously paid issue fee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | to the application identi                                                                                                                                                                                                                                                                                                                | y of this form).<br>fied above.                                                 |
| Authorized Signature) Water 6-14-04                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                          |                                                                                 |
| NOTE: The Issue File and Publication Fee (if required) will not be accepted from unyone unter than Ind applicant: a registered attorney or agent; or the assignee or other purty in inforest as allown by the records of the United States Patent and Trademark Office.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Y2 00000245 0311(                                                                                                                                                                                                                                                                                                                        | 55 08520662                                                                     |
| This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the campleted application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form und/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Paternieut of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1330.00 DA<br>9.00 DA                                                                                                                                                                                                                                                                                                                    |                                                                                 |
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TRANSMIT THIS FORM WITH FEE(S)

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